

**Massachusetts Division of Health Care Finance and Policy**  
**2 Boylston Street, Boston, MA 02116**  
**Tel: 617-988-3100 Fax: 617-727-7662 TTY: 617-988-3175**

**CONTINUOUS SKILLED NURSING AGENCY DEMOGRAPHIC INFORMATION FORM**

**General Information:** The Continuous Skilled Nursing Agency Demographic Information Form is an informational tool used to gather required demographic information of agencies that provide Continuous Skilled Nursing (CSN) Services. It is very important to maintain the most current information on file with the Division, especially for mailing and contact purposes. Therefore, if any information changes subsequent to you filing this form, please submit a new form with the updated information.

**Who Must File:** All Massachusetts Agencies that provide Continuous Skilled Nursing (CSN) Services to MassHealth members.

**Assistance:** If you need help or have any questions relevant to completing this worksheet, please contact Clare MacPherson at (617) 988-3243.

**Where to File:** Shelley Fortier, CMS Administrator  
Division of Health Care Finance and Policy  
Two Boylston Street (4<sup>th</sup> Floor)  
Boston, MA 02116

**Agency Contact Information:** There needs to be a representative of the nursing agency who can be called with any questions regarding the information on the Continuous Skilled Nursing Expense Report. Please type or print legibly the name, job title, telephone number, fax number, and email address for the contact person on the designated lines.

MH Provider Number		
Legal Status	<input type="checkbox"/> MA Corp (Chap 156) <input type="checkbox"/> MA Corp (Chap 156 with 501c(3) exemption) <input type="checkbox"/> MA Non-Profit Corp (Chap 180) <input type="checkbox"/> Partnership <input type="checkbox"/> Non MA Corp	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other For-Profit <input type="checkbox"/> Other Non-Profit
Legal Agency Name		
Agency Name (Doing Business As, if different)		
Agency Street Address		
Agency City, State, ZIP Code		
Mailing Street Address (if different)		
Mailing City, State, ZIP Code		
Agency Contact Name		
Agency Contact Title		
Agency Contact Phone Number (voice)		
Agency Contact Phone Number (fax)		
Agency Contact e-mail address		

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Preparer (above)

\_\_\_\_\_  
Print Title